

**King's Gate Ministries, Incorporated and Host Churches
Medical Release / Authorization and Permission Form
June 1, 2018 to August 31, 2019**

Student's Name _____ **Male** ___ **Female** ___ **Age** ___ **Birthdate** ___/___/___

Class/Grade Name: _____ **Campus Location:** _____

Parents _____

Family Physician _____ **Phone** _____

Address _____ **City /State/Zip** _____

Dentist _____ **Phone** _____

Address _____ **City /State/Zip** _____

My child has been diagnosed with [ADD] [ADHD] [Autism] [Asthma] [Diabetes]

[Other _____]

Presently taking _____ medication for _____

Presently taking _____ medication for _____

Allergic to (medications): _____

Allergic to (food, other): _____

Wears Eye Glasses Yes No

Describe special needs illness, medical problems or physical limitations (use separate sheet if needed): _____

Medical Insurance Company _____ **Policy No.** _____

I hereby grant permission for my child to use the play equipment and participate in the activities of King's Gate Ministries, Incorporated. I hereby grant permission for my child to leave the facility under the supervision of a staff member for neighborhood walks or field trips sponsored by King's Gate. I will leave phone numbers in the King's Gate Office if I will not be available at the usual numbers. I hereby grant permission for the staff or sponsors of King's Gate Ministries, Incorporated and/or Our Lord's Community Church or Surrey Hills Baptist Church to take whatever steps necessary to obtain emergency medical care if warranted. The minimum steps we will take are as follows:

1. Attempt to contact a parent or guardian.
2. Attempt to contact parent through any of the persons listed on the form completed by you.
3. Attempt to contact the child's physician.
4. If we cannot contact a parent, guardian or physician, we will do any or all of the following:
(a) Call another physician or paramedic, (b) Call an ambulance, (c) Have the child taken to the most convenient medical facility under the escort of a staff member or sponsor.
5. Any expenses incurred will be borne by the child's family.

In case of emergency, I _____, by my signature below, hereby give permission to a physician or other medical personnel selected by a representative of King's Gate and/or Our Lord's Community Church or Surrey Hills Baptist Church (staff member or adult volunteer leader) to arrange for medical care deemed necessary by the physician named above or another qualified physician and to give oral or written consent on my behalf for medical treatment. I also agree to be responsible for the expenses incurred for such medical costs. This authorization does not cover major surgery unless deemed medically necessary and emergent by the physician and two other qualified physicians.

*King's Gate Ministries include King's Gate Christian School, Child Development Center and Super Summer.

Parent's Name: _____ **Date:** _____
(Print)

Parent's Signature: _____